

GAU 16/5

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PTO/SB/21 (12-97)

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(to be used for all correspondence after initial filing)

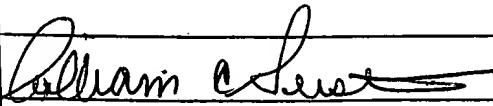
Including this page  
Total Number of Pages in This Submission

Application Number	08/849,525
Filing Date	August 29, 1997
First Named Inventor	Lanzendorfer, et al.
Group Art Unit	1615
Examiner Name	J. Venkat
Attorney Docket Number	Beiersdorf 435-WCG

## ENCLOSURES (check all that apply)

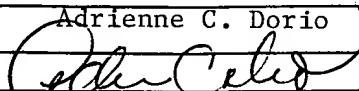
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>RECEIVED</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	AUG 10 2000
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	TECH COMM UNIT 100-02900
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

firm or Individual name	NORRIS MC LAUGHLIN & MARCUS, P.A.
Signature	
Date	8/1/00

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Adrienne C. Dorio
Signature	
Date	8/1/00

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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$ 1170

PTO/SB/17  
AUG 04 2000  
PATENT & TRADEMARK OFFICE  
U.S. DEPARTMENT OF COMMERCE

Complete if Known	
Application Number	08/849,525
Filing Date	08/29/1997
First Named Inventor	Lanzendorfer, et al.
Examiner Name	J. Venkat
Group / Art Unit	1615
Attorney Docket No.	Beiersdorf 435-WCG

### METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **Norris McLaughlin & Marcus**

Deposit Account Name **14-1263**

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee			
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			

**SUBTOTAL (1) (\$)**

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	=
Claims	- 3** =	X	=
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20		
102 78	202 39	Independent claims in excess of 3		
104 260	204 130	Multiple dependent claim, if not paid		
109 78	209 39	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		

**SUBTOTAL (2) (\$)**

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 380	216 190	Extension for reply within second month			
117 870	217 435	Extension for reply within third month			
118 1,360	218 680	Extension for reply within fourth month			
128 1,850	228 925	Extension for reply within fifth month			
119 300	219 150	Notice of Appeal			
120 300	220 150	Filing a brief in support of an appeal			
121 260	221 130	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,210	241 605	Petition to revive - unintentional			
142 1,210	242 605	Utility issue fee (or reissue)			
143 430	243 215	Design issue fee			
144 580	244 290	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
126 240	126 240	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 690	249 345	For each additional invention to be examined (37 CFR § 1.128(b))			

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **1170.00**

#### SUBMITTED BY

Name (Print/Type)	William C. Gerstenzang	Registration No. (Attorney/Agent)	27,552	Telephone	914 332 1700
Signature	<i>William C. Gerstenzang</i>			Date	8/1/00

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